DEPARTMENT OF HEALTH SERVICES

714/744 P STREET *RAMENTO, CA 95814 (916) - 323-0503



April 30, 1986

CMSP Letter 86-4

To: All County Welfare Directors

CMPS Eligibility Manual Revision

Enclosed are two (2) copies of a revision to the County Medical Services Program (CMSP) Eligibility Manual. Please reproduce sufficient copies of this revision and place them in existing copies of the CMSP Eligibility Manual as appropriate. The most recent CMSP Letter containing a manual revision was 86-2 (February 20, 1986).

The current revision pertains to:

o Section 0747 - revises subsection (f) to require the county to submit a quarterly control log of duplicate CMSP cards issued to hospital providers, instead of submitting a copy of the hospital's request.

Remove	Insert
143.1	143.1

Also enclosed is a camera-ready copy of the new form CMSP-001, Duplicate CMSP Card Log, which the county is required to complete and submit to the CMSP Unit on a quarterly basis. It is the county's responsibility to produce and maintain the supply of this form for your use.

If you or your staff have any questions regarding this matter, please contact Linda McFarland of the CMSP Unit at (916) 324-4203.

Sincerely,

Michael L. Rodrian, Chief County Medical Services Section County Health Services Branch

Enclosures

cc: CMSP Contact Persons

LMF:1r

CHSB/CMSP-3229

3/86

CMSP ELIGIBILITY MANUAL

- (f) Upon issuance of a duplicate CMSP card, the county will log the card request information on form CMSP-001 (Duplicate CMSP Card Log) and on a quarterly basis, submit the log to the Department of Health Services, County Health Services Branch, County Medical Services Program Unit, 714 P Street, Room 523, Sacramento, CA 95814. The hospital's request shall be filed in the beneficiary's case file.
- (g) If the beneficiary was not eligible in your county on the identified date(s) of service, the provider's request may be denied by the county and returned to the hospital.
- (h) The county should process provider requests chronologically, working the oldest first, and shall limit retroactive card issuance to twelve (12) months.
- (i) If a CMSP card is requested for a beneficiary whose eligibility was established subsequent to the date of service, a separate note should be sent to the provider, indicating that the case involves retroactively determined eligibility and identifying the date eligibility was established. This notation will assist the provider in the processing of Treatment Authorization Requests (TARs) when needed.
- (j) If the date of service is ten (10) to twelve (12) months retroactive from the date the county is processing the request for a replacement card, the following procedures apply:
- (1) Issue the hospital provider a duplicate CMSP card for each month of service in which the beneficiary was eligible.
- (2) Issue a letter to the provider for each month of service to authorize a billing which may occur sixty (60) days beyond the one-year limitation period.
- (k) Note that duplicate CMSP cards can be requested through Medi-Cal Eligibility Data System (MEDS) only if the date of service is within the MEDS Eligibility History file.

0749. Control of County Issued CMSP Cards

- (a) The county department shall record every CMSP card issued or voided by the county department on the control log for MC 301, form HAS 2007.
- (b) The county department may, with department approval, use a substitute for form HAS 2007.

(April 1986) Page 143.1

CMSP ELIGIBILITY MANUAL

0751. Report of Eligible Beneficiaries

- (a) The Department shall compile a monthly report of all persons eligible for CMSP. This report of eligible beneficiaries shall include all persons:
- (1) Certified for CMSP by the county department and reported to the Department for issuance of CMSP cards.
- (2) Certified for CMSP and issued CMSP cards by the county department.
- (3) With a share of cost. These persons are reported as eligible but not certified for CMSP.
- (4) Certified for CMSP and issued CMSP cards by Benefits Review Unit.
- (b) The county department shall report the information specified in (a) (1), (2) and (3) in a timely manner in accordance with department procedures

(April 1986) Page 143.2

DUPLICATE CMSP CARD LOG

ounty of:			Quarter:	i	Date:
i pilowing is a list of <i>Hospita</i> roviders' requests certify that the					ne quarter indicated above. T 018.4.
·				,	
HOSPITAL PROVIDER	DATE OF REQUEST	DATE CARD ISSUED	AMOUNT OF CLAIMS (\$)	MONTH(S) OF SERVICE	REMARKS
		<u> </u>			
	+	1			
				:	
			ž.		
TOTALS	<u> </u>				
TOTALS					
Please Mail Completed Lo					
Department of Health Ser County Health Services Br CMSP Unit-Dup, Card Issu	ranch				
714 P Street, Room 523 Sacramento, CA 95814					
mpleted By:				Telephone Number:	